



**Department of Corrections**  
**ADMINISTRATIVE BULLETIN**

**Subject: POLICY FOR VISITATION  
PRIVILEGES FOR IDENTIFIED  
HIV-INFECTED INMATES**

**Number:**

**90/58**

**Date Issued:**

**July 19, 1990**

**Cancelled Effective:**

**October 18, 1990**

This Administrative Bulletin announces the revised departmental policy for daytime and overnight visitation privileges for identified HIV-infected inmates.

**Overnight Visitation**

Identified HIV-infected inmates shall not be permitted to have overnight family visits except as follows:

An identified HIV-infected inmate may be permitted an overnight family visit with:

- a. Parents, defined as natural parents; adoptive parents, if the adoption occurred and a family relationship existed prior to the inmate's incarceration; foster parents; or a step-parent, if accompanied by one natural parent: and/or
- b. Adult natural children, or adult step-children or adult adopted children, if the adoption occurred prior to incarceration, with whom a family relationship existed prior to incarceration, who are 18 years-of-age or older;
- c. Adult grandchildren who are 18 years-of-age or older;
- d. Grandparents; and/or
- e. Adult siblings who are 18 years-of-age or older;

As long as all of the following conditions are met:

- 1) Adherence to all applicable provisions of California Code of Regulations (CCR), Title 15, Division 3, Chapter 1 and institutional operational procedures.
- 2) The parent, adult child, adult grandchild, grandparent, or adult sibling seeking an overnight visit with an identified HIV-infected inmate shall submit appropriate legal documentation verifying that he or she meets the above criteria. Such documentation shall be submitted far enough in advance to allow institutional verification of the relationship;
- (3) An identified HIV-infected inmate's request for an overnight family visit with a parent, adult child, adult grandchild, grandparent, or adult sibling as defined above shall be reviewed by the Chief Medical Officer and the Correctional Counselor I responsible for the inmate. They shall then make a recommendation to an Institution Classification Committee for final approval or denial. If the request is denied, the reasons for the denial shall be documented.



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- 4) Visitation privileges shall be consistent with the privileges of non-HIV-infected general population inmates and with the inmate's classification level, Work Incentive Program classification, and custody level, and in accordance with CCR, Title 15, Division 3, Chapter 1, Article 7, "Visiting" and institutional operational procedures;
- 5) To be considered for an overnight family visit, neither the inmate nor the visitor shall be known to have a history of recent or current intravenous drug use,
- 6) Identified HIV-infected inmates who have a history of committing sex crimes or behaviors (especially incest) against children or with a history of committing physical or mental child abuse or endangerment may be excluded from overnight family visits with an adult child, adult grandchild or adult sibling because of unresolved issues which may lead to the exchange of body fluids through sexual activity or assaultive behavior. Exclusions shall be determined on a case-by-case basis taking into account the crime or behavior, the victim, and the recency of the activity;
- (7) In order to protect the health status of the inmate and the visitor, an identified HIV-infected inmate who would otherwise qualify for an overnight family visit may be denied the privilege if the attending physician determines that either the inmate or the visitor has a communicable disease which can be transmitted through casual contact and cause a serious health threat to the inmate or the visitor; and
- (8) All persons approved for an overnight family visit must receive written and oral information about HIV disease provided by the Department prior to each visit. This shall include at least an explanation of HIV disease, transmission routes, and precautions to be taken to avoid exposure to HIV. The visitor shall be required to sign a Department-provided waiver absolving the Department and all its employees and agent of any and all liability for any and all injuries or illnesses or injuries resulting from the visit.

This policy shall be applied to all identified HIV-inmates.

**Implementation**

The inmate's written authorization is required before the Department can release information on the inmate's HIV status to the approved visitor and obtain the required waiver. In order to accomplish this, each facility is to utilize the attached "Inmate's Authorization to disclose HIV status/Visitor's Waiver and Release for Family Visit."



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Prior to **each** visit, the Chief Medical Officer (CMO) or his/her designee shall have the inmate complete the top portion of the form. One form will be needed for each visitor.

The form is then to be presented by the CMO or the CMO's designee to each visitor named on each form for signature. This is to be done prior to the start of the visit and after the visitor has been given the required written and oral AIDS information and has had an opportunity to ask any questions about AIDS and/or the inmate's medical condition and treatment.

The completed form is to be considered and treated as a confidential document.

### **Daytime Visitation**

Identified HIV-infected inmates shall be afforded equal access to daytime visiting rooms, hours, and amenities as are afforded to the general population, consistent with California Administrative Code, Title 15, Division 3, Chapter 1, and institutional operational procedures.

This Administrative Bulletin contains English and Spanish language disclosure/waiver forms which are required before each approved overnight visit. Until these are produced as numbered departmental forms, duplicate the ones from the attachment as needed.

Please inform all persons concerned of the contents of this bulletin which shall remain in effect either until canceled effective the above date or until incorporated into the appropriate section of the Department's Operations Manual. Direct any inquiries regarding this bulletin to Nadim Khoury, M.D., Assistant Deputy Director, at (916) 324-0876 and ATSS 454-0876.

R. H. DENNINGER  
Chief Deputy Director